

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002278

FILED
Mar 07, 2009
Secretary of State

Entity Name: THE HAITIAN CULTURAL CLUB ALUMNI ASSOCIATION, INC

Current Principal Place of Business:

9180 STONEYPPOINT COURT
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3801 AVENUE L
A3
BROOKLYN, NY 11210

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPACAGNA, ANTOINE MR
2294 CUMBERLAND DRIVE
TALLAHASSEE, FL 323038657 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ADAM, DOMINIQUE
Address: 3801 AVENUE L A3
City-St-Zip: BROOKLYN, NY 11210

Title: SECR () Delete
Name: BEAUCHAMP, CHANTALE
Address: 9180 STONEYPPOINT COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP () Delete
Name: PHELIZOR, KERLINE
Address: 9180 STONEYPPOINT COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP 2 () Delete
Name: SPACAGNA, ANTOINE
Address: 2294 CUMBERLAND DRIVE
City-St-Zip: TALLAHASSEE, FL 323038657

Title: TREA () Delete
Name: CHERASARD, ROLAND
Address: 1868 NORTH UNIVERSITY DRIVE SUITE 201
City-St-Zip: PLANTATION, FL 33322

Title: SEC2 () Delete
Name: XAVIER, GRACIE
Address: 3801 AVE L A3
City-St-Zip: BROOKLYN, NY 11210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINIQUE ADAM

PRES

03/07/2009

Electronic Signature of Signing Officer or Director

Date